

REMARKS/ARGUMENTS

These remarks are made in response to the Office Action of December 30, 2008 (Office Action). As this response is timely filed within the 3-month shortened statutory period, no fee is believed due. However, the Examiner is expressly authorized to charge any deficiencies to Deposit Account No. 14-1437.

Claims Rejections – 35 USC § 103

Claims 1-4 were rejected under 35 U.S.C. § 103(a) as being unpatentable over U.S. Patent 6,988,075 to Hacker, *et al.* (hereinafter Hacker) in view of non-patent literature, "Public Standards and Patients' Control: How to Keep Electronic Medical Records Accessible but Private," BMJ, Feb. 2001; 322, pages 283-287 to Mandl, *et al.* (hereinafter Mandl). Claims 16-18 were rejected under 35 U.S.C. § 103(a) as being unpatentable over Hacker in view of Mandl, and further in view of U.S. Published Patent Application 2002/0010679 to Felsher (hereinafter Felsher).

Applicants respectfully disagree with the rejections and thus have not amended the claims. Applicants have added Claims 20-27. The added claims are fully supported by the original disclosure and no new matter has been introduced.

Aspects of Applicants' Invention

It may be helpful to reiterate certain aspects recited in the claims prior to addressing the cited references. One aspect of the invention, as typified by Claim 1, is a method of permitting controlled access to medical information of a patient.

The method can include establishing a storage means for storing the medical information of the patient; establishing a means for accessing the medical information by the patient or any other authorized user; controlling an authorization and a scope of access to the medical information by the patient according to a role of a user accessing

the medical information by modifying an access control list. The access control list, more particularly, can list all authorized users and their respective roles.

The method also can include assigning each user with a unique ID and pin, and tracking and notifying the patient of an identity of an entity that accessed the medical information, information that was accessed by the entity, and when the entity accessed the information.

See, e.g., Specification, paragraphs [0008], [0023], and [0035].

The Claims Define Over The Prior Art

It was asserted in the first paragraph on page 6 of the Office Action that Hacker teaches providing the provider with appropriate means for input of the unique access identification for patient identification and access along with unique passphrases (i.e. pin) to access the patient information (Hacker: col. 7, 60-66).

Col. 7, lines 60-66 of Hacker reads:

Appropriate means for input of the unique access identification means, such as bar code readers (BCRs) 160 for bar coded cards and bracelets, can be used for patient identification and access. Particularly sensitive patient information can be passphrase protected so that the medical provider must get permission from the patient to gain access to it.

As can be seen from the above paragraph, in Hacker the unique access identification means is used for patient identification and is thus unique to the patient. The passphrase is used to get permission from the patient to gain access to sensitive patient information. Therefore, in Hacker both the access identification means and the passphrase are unique to the patient whose information is being accessed. In contrast, in the present invention, the ID and the pin are unique to the user who is trying to access the patient information.

It was asserted in the second paragraph on page 6 of the Office Action that Mandl discloses the patient having preferences about different parts of his/her medical history by providing authorization independently; furthermore teachings that patients grant different access rights to different providers based on their role and on the particular individual (Mandl: p. 284; section Confidentiality).

However, as already discussed in the previous response, although Mandl mentions that the patient can limit the information to specific providers and provides an override mechanism that is controlled by the patient, Mandl does not suggest using an access control list as the mechanism for controlling access. It is noted that granting different access rights to different providers based on their role is not the same as using an access control list as the mechanism for controlling access. The former is the result and the latter is the tool to achieve the result.

The other cited references do not make up for the deficiencies of Hacker in view of mandl.

Accordingly, the cited references, alone or in combination, fail to disclose or suggest each and every element of Claims 1, 20, and 24. Applicants therefore respectfully submit that Claims 1, 20, and 24 define over the prior art. Furthermore, as each of the remaining claims depends from Claims 1, 20, or 24 while reciting additional features, Applicants further respectfully submit that the remaining claims likewise define over the prior art.

Applicants thus respectfully request that the claim rejections under 35 U.S.C. § 103 be withdrawn.

CONCLUSION

Applicants believe that this application is now in full condition for allowance, which action is respectfully requested. Applicants request that the Examiner call the undersigned if clarification is needed on any matter within this Amendment, or if the Examiner believes a telephone interview would expedite the prosecution of the subject application to completion.

Respectfully submitted,

NOVAK DRUCE + QUIGG LLP

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/Gregory A. Nelson/

Gregory A. Nelson, Registration No. 30,577

Yonghong Chen, Registration No. 56,150

Customer No. 40987

CityPlace Tower

525 Okeechobee Blvd., Fifteenth Floor

West Palm Beach, FL 33401

Telephone: 561.838.5229